- 37.86.2224 EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT SERVICE (EPSDT), COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT (1) Comprehensive school and community treatment (CSCT) means a comprehensive, planned course of outpatient treatment provided in the school and community to a child or adolescent with a serious emotional disturbance (SED), as defined in ARM 37.89.103(14), through a program operated by a public school district that is a licensed mental health center or a school district that has a contract with a licensed mental health center.
- (2) The program will provide the following services to youth during and outside school yours as clinically indicated including:
 - (a) Individual, family, and group therapy; behavioral intervention, and other evidence and/or research based practices effective in the treatment of the child's emotional disturbance;
 - (b) crisis/intervention services;
 - (c) treatment plan coordination:

 (i) coordination of CSCT services with all addictive and mental health treatment services the child receives outside the CSCT program.

- (3) Comprehensive school and community treatment must be provided through a program of services staffed by at least two Full-time equivalent (FTE) who work exclusively in the school CSCT program. At least one of the two FTE must be a licensed psychologist, licensed clinical social worker, licensed professional counselor, or in-training practitioner.
 - (a) "In-training practitioner" services are services provided under the supervision of a licensed practitioner by am individual who has completed all academic requirements for licensure as licensed psychologist, clinical social worker or licensed professional counselor and is in the process of completing the supervised experience requirement for licensure. The in-training practitioner's services must be supervised by a licensed practitioner in the same field, and other than licensure, their services are subject to the same requirements that apply to

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- licensed practitioners. Supervision of in-training practitioners must meet the requirements as defined in ARM 24.219.604; or ARM 24.189.607.
- (b) The non-licensed staff member must be an appropriately trained individual, possessing either a bachelor's degree in human services or related field; or a high school diploma or General Educational Development (GED) and one year's relevant experience; who has or is receiving training and instruction regarding;
 - (i) Positive behavioral interventions and supports addressing the conduct of students with SED,
 - (ii) Behavior management strategies that focus on the prevention of behavior problems,
 - (iii) Behavioral intervention planning, and classroom and student management techniques.
- (c) All CSCT staff must have a minimum of 18 contact hours of annual training relating to the treatment of SED students and utilization of research based behavioral interventions and practices.
- (d) Comprehensive school and community treatment must be provided according to an individualized treatment plan designed by a licensed professional who is a staff member of the comprehensive school and community treatment program.
- (e) The maximum billable units per school per month are 720.
- (f) In addition to any clinical records required by mental health center license rules and by ARM 37.85.414, the program must maintain:
 - (i) Progress notes for each individual therapy session and other direct services;
 - (ii) Monthly overall progress notes; and (iii) Individual outcomes to include comparison with baseline measurements and established benchmarks.
 - (4) The program must address each child's need for continuous treatment that includes services during non-school days integrated in a manner consistent with the individual's treatment plan.
 - (a) By the school providing directly or per the contract between the school and mental health center to continue CSCT services throughout non-school days, the CSCT program structure must include:

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- (i) Youth participating in a formal academic summer program; or
- (ii) Youth not participating in a formal academic summer program, but receiving CSCT services to address the mental health needs as described in the individual treatment plan;
- (iii) Maximum billing units that are proportionate to the staffing level for a full-time program.
- (iv) Part-time FTE may staff programs providing CSCT
 services during non-school days if the reduction
 in FTE is in equal proportion for the licensed
 professional and non-licensed staff; or
- (b) If the school chooses not to contract with a mental health center to participate in non-school day CSCT services, the mental health center must:
 - (i) Continue to provide outpatient mental health services as indicated in the youth's individual treatment plan such as individual, family, and group therapy, community based psychiatric rehabilitation and support, individual or group services; and

 (ii) Bill these services under the mental health center's individual Medicaid provider number.
- (5) The CSCT program must ensure:
 - (a) That a sliding fee schedule and all available financial resources for support of services including third party insurance and parent payment are utilized;
 - (b) There is an appropriate level of direct contributions, no less than is necessary to meet the non-Federal match requirements by the school district;
 - (c) That services delivered are adequately documented to support the reimbursement received; and
 - (d) At least every 90 days, the school and mental health center shall conduct a self-assessment to measure program effectiveness which may include the following indicators:
 - (i) Student progress on individual treatment plan;
 - (ii) Attendance;
 - (iii) Discipline referrals;
 - (iv) Contact with law enforcement;
 - (v) Referral to a high level of care.

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(6) Comprehensive school and community treatment is not medically necessary when, in the determination of the department, the individual is receiving substantial mental health treatment outside the comprehensive school and community treatment program. (History: Sec. 53-2-201 and 53-6-113, MCA; IMP, Sec. 53-2-201, 53-6-101, 53-6-111 and 53-6-118, MCA; EMERG, NEW, 2003 MAR p. 1087, Eff. 5/23/03.)